

Weisman

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
04-003

2. STATE
IDAHO

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
January 1, 2004

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 435.1011 MOE for optional state supplement
42 CFR 435.1010 MOE for mandatory state supplement
42 CFR Section 435.1005 – 300 Institutional Need Standard
Section 1924 of the Social Security Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2004 \$ 4,375,000
b. FFY 2005 \$ 1,314,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

1. HCFA-PM-91-4 (BPD);
SUPPLEMENT 1 TO ATTACHMENT 2.6-A
FEBRUARY 1992. Page 5
2. SUPPLEMENT 6 TO Attachment 2.6-A page 1
SUPPLEMENT 6 TO Attachment 2.6-A page 1.b
3. SUPPLEMENT 13 TO ATTACHMENT 2.6-A
AUGUST 1987. Page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

1. No change
2. No change

3. No change

Idaho (04-003)
approved: 04/13/04
effective: 01/01/04

10. SUBJECT OF AMENDMENT:

1. Resource limits
2. 2003 COLA

11. GOVERNOR'S REVIEW (Check One):

- ☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Karl B. Kurtz

14. TITLE: Director

15. DATE SUBMITTED: March 4, 2004

16. RETURN TO:

Maggie Manzo, Manager
Adult Medicaid Program
Idaho Department of Health and Welfare
450 West State Street – Second Floor
P.O. Box 83720
Boise, Idaho 83720-0036

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: MAR 15 2004

18. DATE APPROVED: APR 13 2004

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
JAN - 1 2004

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
Karen S. O'Connor

22. TITLE:
Associate Regional Administrator
Division of Medicaid &
Children's Health

23. REMARKS:

POSTMARK: 3/15

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State

INCOME ELIGIBILITY LEVELS (Continued)

3. Aged and Disabled Individuals

The levels for determining income eligibility for groups of aged and disabled individuals under the provisions of section 1902(m)(1) of the Act are as follows:

Based on _____ percent of the official Federal income poverty line.

<u>Family Size</u>	<u>Income Level</u>
1	\$
2	\$
3	\$
4	\$
5	\$

4. Special Income Level for Institutionalized Individuals

\$1,692

TN No. 04-003

Supersedes

TN No. 03-001

Approval Date APR 13 2004

Effective Date JAN - 1 2004
HCFA ID: 7985E

State: IDAHO

Standards for Optional State Supplementary Payments

Payment Category (Reasonable Classification)	Administered by		Income Level				Income Disregards Employed
	Federal	State	Gross		Net		
(1)			1 person	Couple	1 person	couple	(5)
Aged, Blind, Disabled – Living Independently, Including room and board paid to a parent, child or sibling.		X	\$1,692	\$3,384	\$ 646*	\$ 946*	Income disregards of the SSI program. * Includes \$50 special needs allowance for each person.
Aged, Blind, Disabled – Personal Care Supplement in Residential and Assisted Living Facility and Certified Family Home		X	\$1,692	\$3,384	\$ 539	\$1,078	
Aged, Blind, Disabled – Room and Board		X	\$1,692	\$3,384	\$ 741	\$1,482	
Aged, Blind, Disabled – Semi- Independent Group Residential Facility		X	\$1,692	\$3,384	\$ 741	\$1,482	
Aged, Blind, Disabled – Residential and Assisted Living Facility and Certified Family Home							
Level I		X	\$1,692	\$3,384	\$ 883	\$1,766	
Level II		X	\$1,692	\$3,384	\$ 950	\$1,900	
Level III		X	\$1,692	\$3,384	\$1,018	\$2,036	

TN No. 04-003

Approval Date APR 13 2004

Effective Date JAN - 1 2004

Supersedes

TN No. 03-001

HCFA ID: 7985E

STATE: IDAHO

Income Limits by Living Situation	
Living Situation	Medicaid Income Limit
Independent:	
Single Individual	\$596 (\$596 Basic Allowance)
Couple	\$846 (\$846 Basic Allowance)
Personal Care Supplement in Residential and Assisted Living Facility and Certified Family Home	\$539 (Sec. 501 – Basic Allowance)
Room and Board	\$741 (\$67 Basic Allowance plus \$674 Room and Board Allowance)
Semi-Independent Group Residential Facility	\$741 (\$349 Basic Allowance plus \$392 Semi-Independent Group Residential Facility Allowance)
Residential and Assisted Living Facility (RALF) and Certified Family Home (CFH)	Level I \$883 (\$67 Basic Allowance plus \$816 Care Allowance) Level II \$950 (\$67 Basic Allowance plus \$883 Care Allowance) Level III \$1018 (\$67 Basic Allowance plus \$951 Care Allowance)

Citation

Condition or Requirement

Section 1924 Provisions

- A. Income and resource eligibility policies used to determine eligibility for institutionalized individuals who have spouses living in the community are consistent with S1924.
- B. In the determination of resource eligibility, the State resource standard is the maximum resource allowance permissible under section 1924 of the social security act. The Standard is:

Maximum: \$92,760

Minimum: \$18,600

The maximum monthly maintenance need allowance is \$2,319.

- C. The definition of undue hardship for purposes of determining if institutionalized spouses receive Medicaid in spite of having excess countable resources is described below:

Undue hardship exists where the institutionalized spouse, the community spouse, or the representative of either spouse is able to demonstrate to the satisfaction of the State Agency that the county is not obligated to pay the medical care needs of the institutionalized spouse and that the medical care needs of the institutionalized spouse cannot be met other than by the Idaho Medicaid Program.

TN No. 04-003

Supersedes

TN No. 03-001

Approval Date APR 13 2004

Effective Date JAN - 1 2004

HCFA I D:1038/0015P